

1837

PLACE OF BIRTH Gila

ARIZONA STATE BOARD OF HEALTH

1. County of Gila BUREAU OF VITAL STATISTICS State Index No. 155

District of _____ ORIGINAL CERTIFICATE OF BIRTH County Registrar No. 329

Town of _____ or Hayden City of Hayden No. _____ St. _____ Ward _____

2. Full name of child Child of Leon Velasquez (If birth occurred in a hospital or institution, give its NAME instead of street and number) If child is not yet named, make supplemental report, as directed.

3. Sex of Child Male To be answered ONLY in event of plural births. 4. Twin, triplet or other. _____ 5. No., in order of birth. _____ 6. Legitimate? yes 7. Date of birth Aug. 13, 1923 Month Day Year

8. FATHER Full name Leon Velasquez 14. MOTHER Full maiden name Jesus Pareja

9. Residence (Usual place of abode) Hayden Ariz 15. Residence (Usual place of abode) Hayden Ariz If nonresident, give place and state

16. Color or race Mexican 17. Age at last birthday 30 (Years)

18. Birthplace (city or place) Mexico (State or country) 19. Occupation Housewife Nature of industry

20. Number of children of this mother (a) Born alive and now living 3 (b) Born alive but now dead 0 (c) Stillborn 0 21. Were precautions taken against ophthalmia neonatorum? no - died

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 11:25 p. m. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature Dr. J. L. Ludwig (Physician or midwife)

Address Hayden, Arizona

Given name added from _____ Month, day, year. _____

Filed Aug 14, 1923 _____ Local Registrar. _____

Filed 9-13, 1923 _____ County Registrar. _____

Registrar. _____

059-813-171